

<b>EMERGENCY NOTIFICATION DATA</b>			
<b>PERSONAL INFORMATION</b>			
LAST NAME	FIRST NAME	MI	CAP RANK
ADDRESS			CITY
STATE AND ZIP CODE			
<b>CIVIL AIR PATROL UNIT INFORMATION</b>			
UNIT CHARTER NO. MO-149	UNIT NAME Cass County Composite Squadron		UNIT LOCATION (City and State) Harrisonville MO
UNIT COMMANDER'S NAME Tony D. Belto		CAP RANK Maj	TELEPHONE (Weekdays) AC: 816 NO. 308-3267
ADDRESS 208 W. Pearl St., Harrisonville, MO 64701		TELEPHONE (Nights & Weekends) AC: 816 NO. 331-2305	
<b>PERSON TO NOTIFY IN CASE OF EMERGENCY</b>			
NAME (Mr., Mrs., etc.)		RELATIONSHIP	TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.	CELL PHONE

**CAP FORM 60, DEC 03**

Previous editions will not be used after 31 Mar 04

OPR/ROUTING: LMM

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**EMERGENCY MEDICAL DATA**

PERSONAL PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

BLOOD TYPE \_\_\_\_\_

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.) \_\_\_\_\_

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\_\_\_\_\_

**CAP FORM 60, DEC 03    REVERSE**

**EMERGENCY MEDICAL DATA**

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